POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*(signature)*	B.2	5/7
FORMALITY REVIEW	*(initials)*	1019	06-02-01
RESPONSE FORMALITY REVIEW	*(initials)*	626	07/25/0

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
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If more than 150 claims or 10 actions
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